STUDENTS
&
RESIDENTS

at

Southeastern Regional Medical Center
PACKET INSTRUCTIONS

1. Packet includes:
   a. Student & Resident Information Sheet
   b. Confidentiality Statement
   c. Job Description
   d. Excerpt from Medical Staff Bylaws

2. Student/Resident must **complete and sign** STUDENT & RESIDENT INFORMATION SHEET and the CONFIDENTIALITY STATEMENT.

3. Return the following to the Medical Staff Office **PRIOR** to beginning rotation:
   a. Student & Resident Information Sheet
   b. Signed Confidentiality Statement
   c. Verification of Malpractice insurance coverage,
   d. Medical license (if applicable)
   e. Appropriate rotation training protocols from school
   f. Completion of Health Screens Information (attached)
   g. Completion of Safety Packet (attached)

   Note: This information may be FAXED (910-671-5529). (Original sent via postal, etc.)

4. On the first day of training, Student/Resident should first come to the Medical Staff Office for a brief orientation and to have their ID badge made.

If you have any questions, please call the Medical Staff Office, Southeastern Regional Medical Center, 910-671-5867.

1/99/9/2006
# STUDENT & RESIDENT INFORMATION SHEET

*To be completed by Student/Resident:

<table>
<thead>
<tr>
<th>Name: ___________________________</th>
<th>Birth Date: _______________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: _________________________</td>
<td>Telephone: ________________________</td>
</tr>
<tr>
<td>SS#: ___________________________</td>
<td>Citizenship: ______________________</td>
</tr>
<tr>
<td>Contact in an Emergency: _________</td>
<td>Relationship: ______________________</td>
</tr>
<tr>
<td>Address: _________________________</td>
<td>Telephone: ________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical School: __________________</th>
<th>Address: _________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Contact: __________________</td>
<td>Telephone: ________________________</td>
</tr>
<tr>
<td>Internship/Residency Program: _______</td>
<td>Status: (ie PGY I, PA Student, etc.)</td>
</tr>
<tr>
<td>Status: __________________________</td>
<td>Status: __________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Training Practice Site: ___________________________</th>
<th>Address: _________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: __________________________</td>
<td>Telephone: ________________________</td>
</tr>
<tr>
<td>Period of Internship/Rotation: _____________________________</td>
<td>List Preceptor and all Supervising Physician(s):</td>
</tr>
</tbody>
</table>

(Note: Primary Preceptor Must SIGN this form below.)

*Complete form, attach training protocols, malpractice insurance verification, obtain Preceptor’s Signature. THEN forward to the Medical Staff Office PRIOR to beginning training rotation. (Fax 671-5529)

**Statement**

*Student/Resident:

I have been given a copy of the "JOB DESCRIPTION FOR STUDENTS & RESIDENTS AT SRMC" and CONFIDENTIALITY STATEMENT and hereby promise to abide by these rules as well as the Medical Staff Bylaws, Rules and Regulations, and other hospital policies and procedures, etc., in effect during this period.

I agree also to provide a copy of the school training protocols for this rotation to my Preceptor and SRMC as well as verification of licensure and malpractice insurance coverage.

Signed: ____________________________ Date: ____________________________

(Student/Resident)

*Preceptor:

I have reviewed this student’s school training protocols for this rotation along with verification of their appropriate licensure and malpractice insurance coverage. I agree to be responsible for the training and supervision of this student while at SRMC.

Signed: ____________________________ Date: ____________________________

(Primary SRMC Preceptor)

(1/98;Revised 10/2001)
JOB DESCRIPTION FOR STUDENTS & RESIDENTS
AT SRMC

PURPOSE: To expedite appropriate guidelines for medical students/residents rotating through Southeastern Regional Medical Center.

PROCEDURE: The following procedures should be followed for all medical students/residents:

1. Each learner must be assigned to an Active Attending Staff physician (Preceptor) or group from a graduate training program for a specific time and field of study.

2. Each learner must be registered with the Medical Staff Office and receive proper orientation for access to the facility.

3. While students/residents are NOT credentialed as members of the Medical Staff with no assigned privileges, each learner is allowed to perform the following duties with the direct supervision of his/her assigned SRMC Staff Physician (Preceptor).

   - Make regular rounds with preceptor.
   - Make independent assessment, differential diagnosis, and formulate a plan for further work-up or treatment of any patient assigned by his/her Preceptor.
   - Dictate H&P and Discharge summaries which will be authenticated by his/her Preceptor.
   - Write Progress and Admission notes, orders (at the direction of preceptor) on chart to be authenticated by his/her Preceptor.
   - Assist in surgical procedures.
   - Search literature and report on designated clinical problems as assigned.
   - Perform minor surgical procedures with direct Preceptor supervision.
   - May write orders only under the direct supervision of his/her preceptor and these orders cannot be carried out until countersigned by the attending M.D.

Approved: 1/29/98
ARTICLE VII – PART D

Section 4.   House Staff

Interns and residents in training in the hospital shall not hold appointments to the Medical Staff and shall not be granted specific clinical privileges. Rather, they shall be permitted to exercise only those privileges set out in training protocols developed by the Executive Committee. (See attached Job Description for Students & Residents at SRMC (1/98).)
CONFIDENTIALITY STATEMENT

INSTRUCTIONS: Sign and return to Medical Staff Office along with Student & Resident Information Sheet PRIOR to beginning training rotation.

I agree that in the performance of my duties as a STUDENT/ RESIDENT at Southeastern Regional Medical Center, I will adhere to the organizational CONFIDENTIALITY POLICY and PATIENT’S PRIVACY AND RIGHTS POLICY.

I understand that violation of these rules/policies may result in immediate termination of my training rotation at Southeastern Regional Medical Center.

Name:_________________________________________ (Please Print)
Signature:_______________________________________
Date:__________________________________________

12/98
Revised 1/99
Required Immunizations:

- **Chickenpox (Varicella)**
  Must have history of having had Chickenpox or Shingles OR documentation of Varicella Vaccine x 2 or documentation of positive Varicella Titer.

- **MMR (Measles, Mumps, Rubella)**
  If born prior to year 1957 documentation of positive Rubella titer only is required. If born after year 1957 must have MMR Vaccine x 2 OR documentation of positive Measles, Mumps, Rubella titers.

- **Hepatitis B Vaccine**
  Must have documentation of Hepatitis B Vaccine and/or positive HB surface antibody (HBg Ab) titer OR OSHA mandated Declination Form.

### Document immunity for the following: (Attach Records of immunizations, antibody, titer, recent TB skin tests).

<table>
<thead>
<tr>
<th>Immunization</th>
<th>History of chickenpox, shingles OR Vaccine x 2 or + Varicella titer</th>
<th>Varicella antibody, IGG</th>
<th>Date: ________</th>
<th>Result: ________</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chickenpox</strong> (Varicella)</td>
<td>□ 2 doses vaccine after 1st birthday OR + Rubeola titer</td>
<td>Measles antibody, IgG</td>
<td>Date: ________</td>
<td>Result: ________</td>
</tr>
<tr>
<td><strong>Measles</strong></td>
<td>□ 2 doses vaccine after 1st birthday OR + Mumps titer</td>
<td>Mumps antibody, IgG</td>
<td>Date: ________</td>
<td>Result: ________</td>
</tr>
<tr>
<td><strong>Mumps</strong></td>
<td>□ 2 doses vaccine after 1st birthday OR + Rubella titer</td>
<td>Rubella antibody, IgG</td>
<td>Date: ________</td>
<td>Result: ________</td>
</tr>
<tr>
<td><strong>Rubella</strong></td>
<td>□ Vaccine series completed OR + HB surf antibody titer OR OSHA mandated Declination form</td>
<td>Hepatitis B surface antibody, IgG</td>
<td>Date: ________</td>
<td>Result: ________</td>
</tr>
</tbody>
</table>

### Tuberculosis Screening

- □ Date TB skin test completed (last year) ________
- □ Previous + PPD skin test * Date ________
- □ Previous treatment for TB * (treatment or prophylaxis)

Are you currently having any of the following? Yes No
- Cough > 3 weeks duration
- Fever, chills, night sweats
- Lack of appetite, unplanned weight loss
- Extreme fatigue (tiredness)
- Have you had a chest x-ray in the past year? Yes No

* Attachment documentation

**Step 1**
- Date administered
- Product: *Tubersol* Lot # ________
- Admin by (nurse) ________
- Date Results Read
- Results ________ mm
- By ________

**Step 2**
- Date administered
- Product: *Tubersol* Lot # ________
- Admin by (nurse) ________
- Date Results Read
- Results ________ mm
- By ________

Signature: ________ Date: ________ Employee Health Nurse: ________ Date Complete: ________
Tuberculin Skin Test

_________________________ was given a PPD on ______________________

(Name)                                 (Date)

By ________________________________________ Title:_________________________________

(Name)

It was read as ________________________________________ on __________________________

By____________________________________ Title: ____________________________

If PPD was positive (+), please include description of treatment and copy of last chest x-ray.

**Note: You may attach a copy of your recent vaccination records.

NOTE:  PPD REQUIRED ANNUALLY
STATEMENT OF PACKET REVIEW

As an accredited organization under JCAHO, Southeastern Regional Medical Center has a responsibility to ensure that the medical staff receives information on safety issues within our facilities. The following pages contain a brief overview of essential safety subjects.

Your signature below indicates that you have received a safety packet and have reviewed said packet.

_________________________________________  ______________
Printed Name                      Signature Date

SIGN AND RETURN THIS PAGE WITH YOUR APPLICATION
Safety Packet for Medical Staff

KEEP THIS PACKET AS PART OF YOUR ORIENTATION TO OUR FACILITY. Return ONLY the previous signature page.

Southeastern Regional Medical
For all emergencies inside the hospital, call 7311.

For all emergencies outside of hospital, call 911.

To report equipment failures or user errors, call 7777.

To report safety or environmental issues, call 5068.

To report unsafe practices regarding patient safety, fill out an Event Report or contact Risk Management at 5452.

Medical staff will be notified as needed in the event of a disaster. Upon arrival at SRMC, medical staff will be assigned responsibilities by the medical officer in charge.
Confusion and chaos are commonly experienced by health care personnel at the onset of a medical disaster. However, these negative effects can be minimized if management responds quickly with structure and a focused direction of activities. SRMC has adopted the Hospital Emergency Incident Command System. HEICS is an emergency management system, which employs a logical management structure, defined responsibilities, clear reporting channels, and a common nomenclature to help unify hospitals with other emergency responders. There are clear advantages to using this particular emergency management system.

HEICS is an outgrowth of standards within the National Fire Prevention Association (NFPA). NFPA 1561 – *Emergency Services Incident Management System* – specifies the structure by fire services including city and county agencies. Additionally, the Lumberton Police Department and County Emergency Management operate under the incident management system. HEICS is the national standard for health care disaster management structure. Although the HEICS system gives a standard for the structure needed for emergency response, the HEICS plan is flexible. Only the positions or functions needed for a particular situation should be activated. The plan allows for additional positions as needed, may combine positions or functions and allows for the deactivation of positions at any time. The flexible structure of the HECIS system allows for the system to function for any hazard and yet allows for the development of specific plans to respond to emergencies.
<table>
<thead>
<tr>
<th><strong>Code Red</strong></th>
<th><strong>Code Blue</strong></th>
<th><strong>Code Pink</strong></th>
<th><strong>Code Grey</strong></th>
<th><strong>Code Silver</strong></th>
<th><strong>Code Triage Stand-By</strong></th>
<th><strong>Code Triage</strong></th>
<th><strong>Code Orange</strong></th>
<th><strong>Code Yellow</strong></th>
<th><strong>Code Black</strong></th>
<th><strong>Tornado Warning, Watch, Flooding, Hurricane, Snow, Ice, etc. (no code)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Common Code for fire activation</strong></td>
<td><strong>Medical Emergency</strong></td>
<td><strong>One code for adult and peds activation</strong></td>
<td><strong>Infant/Child Abduction</strong></td>
<td><strong>Can specify age, gender, etc for specifics</strong></td>
<td><strong>Security Alert</strong></td>
<td><strong>Immediate security assistance needed</strong></td>
<td><strong>Hostage Situation, Weapon Involvement</strong></td>
<td><strong>Volatile security situation – Use caution when approaching</strong></td>
<td><strong>Stand-By Disaster Plan</strong></td>
<td><strong>Anticipating a potential activation</strong></td>
</tr>
<tr>
<td><strong>Disaster Plan Activation</strong></td>
<td><strong>Disaster Plan Activation</strong></td>
<td><strong>Activation of a hospital wide response</strong></td>
<td><strong>Universal Hazardous Materials Response</strong></td>
<td><strong>Initial response is the same to all possible contaminants.</strong></td>
<td><strong>Bomb Threat / Suspicious Package</strong></td>
<td><strong>California Model</strong></td>
<td><strong>Utility Failure / Cyber Terrorism</strong></td>
<td><strong>Consensus in NC around this code</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Use current National Weather Service Guidelines</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Patients and visitors don’t need to be shielded from this information but made aware of adverse weather conditions for their own safety.</strong></td>
</tr>
</tbody>
</table>
Fire Safety

R.A.C.E.

In the event of a fire, personnel should do the following to insure maximum protection of individuals and minimal damage from a fire:

1. Rescue any endangered visitors and employees.
2. Activate nearest fire Alarm station and dial “7311” to notify switchboard personnel of location of fire.
3. Close all doors and windows in the fire area.
4. Evacuate (leave area), or if the fire is very small and your safety can be assured use the closest portable extinguisher(s) to Extinguish the fire.

If personal safety allows, do the following:

1. Remove flammable items from areas adjacent to fire, if possible.
2. Clear the hallway of any obstacles if they are present.
3. Account for all personnel, visitors and patients who were present at the time of the fire.
4. When the fire is over, assist as directed in salvage and recovery operations.

Be ready to evacuate all patients horizontally on order of the hospital president, fire marshal and/or fire department personnel.

EVACUATION GUIDELINES

Evacuation of patients, visitors, and/or employees shall be carried out on an “as needed” basis. The determination of need shall be made by the person on the fire scene. Determination of degree of evacuation shall be made in stages, each stage being dictated by the severity of the fire and/or by the order of the Administrative Staff or fire officials.

Physical movement of patients shall be horizontally (side to side) or vertically (downward). Selection of an exit shall be made at the time of evacuation depending on condition at the fire scene.

Horizontal evacuation (side to side) to a safe area is preferable. If horizontal evacuation is required, move through two sets of self closing doors. In the main building, horizontal evacuation is toward the center or opposite wing. In the Tower, horizontal evacuation is to the opposite wing.

Vertical -- downward evacuation should be to an area two floors below where the patients can be accommodated comfortably. Upward evacuation shall be avoided.
SRMC has many sick patients admitted and treated in close quarters. This places patients and staff at risk for the transmission of microorganisms that can cause illness. SRMC staff have been doing an **EXCELLENT job at keeping our INFECTION RATE DOWN**.

**SRMC'S INFECTION RATE IS LESS THAN 1%**

**KEEP UP THE GOOD WORK.**

Who do you call to report patients with known or suspected communicable diseases? **Contact the infection control nurse, Ext. 5034**

**Tuberculosis Control Plan**

What does SRMC do to control the spread of tuberculosis (TB)? **In the Emergency Department, if a patient has a suspicious history, such as a cough x 3 weeks or more, night sweats, weight loss, and fever; a mask is placed on the patient in triage and the patient is placed in a negative pressure room. The physician will order Airborne Precautions and staff will wear a HEPA filtered mask before entering the room. All patients with these symptoms should be considered a suspect case of TB.**

When are airborne precautions discontinued on TB patients? When the patient has 3 negative AFB smears or the physician rules out TB.

How often are physician's required to get an AFB smear? Annually and 8-10 weeks after an exposure, unless already known positive TST.

**Bloodborne Pathogens Standard**

What does SRMC do to comply with OSHA Bloodborne Pathogen Standard? SRMC's Exposure Control Plan includes:

- **Standard Precautions** (formerly called **Universal Precautions**)
- **Hepatitis B Vaccination**
- **Work Practice Controls**- example personal protective equipment, sharp boxes, biohazardous labels, safety lock syringes
- **Good housekeeping**
- **Exposure follow-up**
  1. **Alert Charge Nurse**
     a. **Incident Report**
     b. **Contact Dale Gifford, Beeper 104 or**
     c. **Contact Nursing Supervisor Beep 132**
     d. **Patient tested for HIV, HBSAG, and Hepatitis C Antibody**
     e. **Physicians notified of test results**

How is blood or body fluid spills cleaned? **A hospital approved germicide** (Virex TB).

How is environmental equipment such as beds/stretchers/wheelchairs cleaned? **With a hospital approved germicide** (Virex TB).

Where are sharps such as needles, scalpels, and broken glass disposed? **Use the closest rigid puncture resistant container. Needles are never recapped, bent or broken. Recapping devices or a single hand method is used if recapping is necessary.**

**Hand Hygiene**

What are the new hand hygiene guidelines that are recommended by the CDC (Centers for Disease Control)?

- **Wash hands for 15 seconds if they are visibly dirty with soap and water.**
When hands are not visibly dirty, use an alcohol based hand rub (Alcare Plus) located in all patients rooms, patient care areas, and hallways.

Use hospital supplied lotions to minimize the occurrence of irritant contact dermatitis.

When should hands be decontaminated?
- Before and after patient care
- Before applying gloves for a sterile procedure
- After removing gloves
- If move from a contaminated body site to a clean body site during patient care
- After contact with inanimate objects in the immediate vicinity of the patient
- Before eating
- After using the restroom

Gloves should never be worn for more than one patient. The Infection Control Committee must approve all hands washes, hand hygiene, antimicrobial, and lotion products used.

CDC Isolation/ Precautions Guidelines

Precautions: In addition to hand washing there are other ways that we can combat the transmission of germs and micro organisms. One way is through the proper use of precautions. In and effort to decrease the transmissions of germs and disease, the use of two main methods of precautions are encouraged. These two methods are Standard Precautions and Transmission Based Precautions. Refer to the chart below on when to use each set of precautions. Isolations signs are posted on the door of the patient’s room. The nursing staff will provide further information to staff and visitors.

<table>
<thead>
<tr>
<th>STANDARD PRECAUTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYPE</td>
</tr>
<tr>
<td>Standard Precautions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TRANSMISSION-BASED PRECAUTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYPE</td>
</tr>
<tr>
<td>Droplet Precautions</td>
</tr>
<tr>
<td>Contact Precautions</td>
</tr>
<tr>
<td>Airborne Precautions</td>
</tr>
<tr>
<td>Neutropenic Precautions</td>
</tr>
</tbody>
</table>

MDRO- (Multiple Drug Resistant Organisms)
Examples: MRSA/ VRE/ Cdiff/ ESBL

Patients with MDRO are to be placed on Contact Precautions and remain on isolation until discharged from the hospital. MRSA and VRE patients are placed on contact precautions when readmitted for one year.
**Disposal of Regulated Medical Wastes**

“Regulated Medical Waste” refers to blood and body fluids in individual containers that are generated while providing care and treatment to patients in our facility. The volume of blood and body fluids material must be greater than 22mls to be considered “Regulated Medical Wastes”. Some examples for blood and body fluid that might be collected in containers include: liquid blood, serum, plasma, other blood products, human tissue, spinal fluids, pleural and peritoneal fluids. Place blood and blood soiled products in the red bags and sharps containers; however, items that are soiled with less than 22ml of blood or blood products will be placed in a clear bag with regular trash.

**Bioterrorism**

Awareness and preparation for bioterrorism is an important part of our healthcare facilities. The hospital and clinics may be the first to recognize and respond to a bioterrorism related outbreak. Should an event be suspected, you should activate SRMC’s emergency response system by calling ext. 7311 (Outlying facilities should call 911).


**DICON**

Southeastern Regional Medical Center is a member of the Duke Infection Control Outreach Network (DICON). In event the attending physician has a concern, related to an infectious disease issue, they can page the Infection Disease Physician on call at (919) 970-3426.

DICON provides an online training course, Insertion of Central Venous Catheters, free to all SRMC physicians.

http://cvctraining.medicine.duke.edu/

SRMC CVC access code...cvcyi7dv2